

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

JUN 14 2010

Campaign Finance
Secretary of State

Name of Candidate Ali M. Shamsi Deen
Address 440 N. Mill St County Hinds
Telephone Work 601-965-5515 Home _____ Fax _____
Contact Name Kathy Sykes Email Address _____
Office Sought Circuit Judge Hinds Co. District 7 Subdistrict 1

☐ Check here if above is different from previous report

May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
✓ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
October 28, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$	\$
Total amount of disbursements	\$ 415 +\$ 100	\$ 515	\$ 515
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

X

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1409 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Ali M. Shamsi Deen
 Reporting period May 1 through May 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Committee to Elect Ali M. Shamsi Deen</u>	<u>5/17/10</u>	\$ <u>415</u>
Mailing Address		\$
<u>PO Box 919</u>	<u>1/1</u>	\$
City, State, Zip Code		\$
<u>Jackson, MS 39225</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>415</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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